



**Tax Department**  
200 South Hamilton Road  
Gahanna, Ohio 43230-2996  
(614) 471-4101

## BUSINESS QUESTIONNAIRE

(All Information Supplied Will Be Strictly Confidential)

THE INFORMATION REQUESTED ON THIS FORM IS ESSENTIAL IN SETTING UP NECESSARY RECORDS OF THE CITY INCOME TAX DEPARTMENT. AUTHORIZATION FOR THIS REQUEST: GAHANNA ORDINANCE NO. 161.09 GAHANNA TAX RATE IS 1½%.

**NOTE: NO PAYMENTS WILL BE MADE BY THE CITY UNTIL THIS INFORMATION IS COMPLETED!**

Business Name \_\_\_\_\_

Mailing Address (other than Gahanna) \_\_\_\_\_

Gahanna Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

1. Nature of Business \_\_\_\_\_

2. Type of Business Organization:

a. Corporation \_\_\_\_\_

Fed. I.D. No. \_\_\_\_\_

b. Proprietorship \_\_\_\_\_

Social Security No. \_\_\_\_\_ or Fed. I.D. No. \_\_\_\_\_

c. Partnership \_\_\_\_\_

Fed. I.D. No. \_\_\_\_\_

3. Please check items that apply:

a. Business located in Gahanna \_\_\_\_\_

b. Business conducted within Gahanna \_\_\_\_\_

c. Gahanna courtesy withholding only \_\_\_\_\_

4. Number of Employees working in Gahanna \_\_\_\_\_

5. Date of Year End \_\_\_\_\_

Date Business started/date courtesy withholding started \_\_\_\_\_

6. Business Telephone No. \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS  
TRUE AND CORRECT.

BY: \_\_\_\_\_ Title

Business Name

PLEASE RETURN THIS QUESTIONNAIRE TO:  
**CITY OF GAHANNA TAX DEPARTMENT**  
200 S. HAMILTON RD.  
GAHANNA, OHIO 43230  
(614) 471-4101